01911

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. R. # 3 (Matthews)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): R. R. # 3 (Matthews)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) MILTON (Last) BARWICK
4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Talbot Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Barwick
14. MOTHER'S MAIDEN NAME: Sarah M Covey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-14-4966
17. INFORMANT: Mrs. John M Barwick (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) apoplexy — 3 days

334x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized — ?

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 2-23-, 1950, that I last saw the deceased alive on 2/22/, 1950, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE: M Cox — (Degree or title) M.D. — ADDRESS: Easton Md — DATE SIGNED: 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 27, 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG. 2/24/50 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: Ellis Clark — ADDRESS: Easton, Md.

000VM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

01912

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 79-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
LENGTH OF STAY (in this place): 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia, Pennsylvania
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) T. (Last) BORDNER

4. DATE OF DEATH: (Month) Feb (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 6, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired railroad

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Berrysburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin M. Bordner

14. MOTHER'S MAIDEN NAME: Mary Ann Enterlein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. H. Summerfield, St. Michaels Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — Congestive — 36 hours

475x Antecedent cause(s) 934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Upper Respiratory Infection & Bronchitis — 2 weeks

(c) Cardiac hypertrophy — moderate — years (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity; Arteriosclerosis, generalized — Years.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 FEB., 1950, to 26 FEB., 1950, that I last saw the deceased alive on 26 FEB., 1950, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE: Arthur J. Michaelsen (Degree or title): M.D. ADDRESS: ST. MICHAELS, Md. DATE SIGNED: 28 FEB 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 1, 1950 | NAME OF CEMETERY OR CREMATORY: Hillside Cemetery | LOCATION (City, town, or county) (State): Roslyn, Pennsylvania

DATE REC'D BY LOCAL REG. Feb 28 '50 | REGISTRAR'S SIGNATURE: Mrs Robt. E. Lee | 24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels, Md.

49647

RECEIVED
MAR 2 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01913

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Bowman
4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 25, 1885
9. AGE last birthday 64 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Ice Mfg. Co.
11. BIRTHPLACE (State or foreign country) St. Michaels, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Bowman
14. MOTHER'S MAIDEN NAME Jannie Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) x x x
16. SOCIAL SECURITY No. 212-09-4653
17. INFORMANT Ethel Bowman St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Disease — 1/2 hr

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Arteriosclerotic Nephritis-Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS St. Michaels, Maryland DATE SIGNED 2.12.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/14/50
NAME OF CEMETERY OR CREMATORY St. Michaels
LOCATION (City, town, or county) St. Michaels (State) Md.
DATE REC'D BY LOCAL REG. 2/13/50
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels, Md.

988 x 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01914

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 8 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Miss (Middle) Claire (Last) Bryan.

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 19, 1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Bryan

14. MOTHER'S MAIDEN NAME: Susan Cochey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Janet Breeding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) Arteriosclerosis, generalized — ?

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1950, to Feb 8, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R E Cox M.D. Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/10/50 — NAME OF CEMETERY OR CREMATORY: Stevensville — LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG.: 2/9/50 — REGISTRAR'S SIGNATURE: M. H. Nearest

24. FUNERAL DIRECTOR: Edgar L Lane — ADDRESS: Church Hill Md

RECEIVED
FEB 16 1950
BUREAU V. S.

2/5

01915

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Maryland RD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Amalia (Last) Butler.

4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1950

5. SEX: L

6. COLOR OR RACE: Black

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married

8. DATE OF BIRTH: Oct 14, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md (Talbot Co)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Jacob Johnson

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: William Edward Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Left Hemiplegia — 6 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. — yes

(c) Repeated Small Cerebro Vascular Accidents in past

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1950, to 2-8, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: M. T. Buell — (Degree or title) MD. — ADDRESS: Easton Md — DATE SIGNED: 2-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/11/50 — NAME OF CEMETERY OR CREMATORY: Unionville — LOCATION (City, town, or county) (State): Easton Md RD

DATE REC'D BY LOCAL REG.: 2/9/50 — REGISTRAR'S SIGNATURE: N. H. Neirees — 24. FUNERAL DIRECTOR: M. E. Neenam & Son — ADDRESS: Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S.

2/17

# MARYLAND STATE DEPARTMENT OF HEALTH

01916

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md. — LENGTH OF STAY (In this place): 3 Des.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) (Last) Carter.

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1950.

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 9-19-79 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mr. Charles H. Dean | 14. MOTHER'S MAIDEN NAME: Sophie Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: unknown | 17. INFORMANT: Mr. H.H. Dean - Brother (same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Carcinoma of Lung — 2 yrs

163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d (b): —

(c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1949 to 2-2, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: Easton Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/23/50 | NAME OF CEMETERY OR CREMATORY: Ridgely | LOCATION (City, town, or county) (State): Ridgely, Md.

DATE REC'D BY LOCAL REG. 2/21/50 | REGISTRAR'S SIGNATURE: M.H. Nerren | 24. FUNERAL DIRECTOR: R.B. Rawlings | ADDRESS: Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1950
BUREAU V. S.

Evidence for change of birth date shown on:

FILM No. G 125 MAR 27 1950

**MARYLAND STATE DEPARTMENT OF HEALTH**

**2411 N. Charles Street, Baltimore**

01917

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Talbot MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Home | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Emma | (Middle) Margaret | (Last) Eberhard | 4. DATE OF DEATH | (Month) Feb. | (Day) 2 | (Year) 1950 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married | 8. DATE OF BIRTH October 21-1881 | 9. AGE last birthday 68 yrs. | If under 1 year Months 3 | Days 12 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Hamburg Germany | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Hans Martins | | | 14. MOTHER'S MAIDEN NAME Margaret Martins | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Peter Eberhard | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac failure | 48 hrs. |
| Antecedent cause(s) | (b) Myocardial infarction due to arterio- | 2 day |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Sclerotic coronary thrombosis - | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Hypertensive Cardio-vascular disease Polycystic kidneys | 1?1 |

420.1

93d

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 2 Oct, 1948, to 1 Feb, 1950, that I last saw the deceased alive on 1 Feb, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Thurston Harrison | M.D. | Easton, Maryland | 2 Feb 50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb. 4, 1950 | NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery | LOCATION (City, town, or county) Easton, (State) Md. |
| DATE REC'D BY LOCAL REG. 2/3/50 | REGISTRAR'S SIGNATURE W. H. Neerus | 24. FUNERAL DIRECTOR John D. Williams | ADDRESS Easton, Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1[illegible] 1950

M

01918

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural) LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Greenwood.

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 21, 1900

9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Trappe

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Greenwood

14. MOTHER'S MAIDEN NAME Georgianna Hynson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. no.

17. INFORMANT Mrs. William Greenwood.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia - due to drowning

850.8 Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Creek on Hampden Farm (CITY OR TOWN) Trappe (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) Feb (Day) 12 (Year) 1950 (Hour) 11:30 a m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Boat sank

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:30 a m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS 214 E. Dover St. Easton Maryland DATE SIGNED 13 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/14/50

NAME OF CEMETERY OR CREMATORY Spring Field

LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 2/14/50

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Maurice E. Newnam & Son. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
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BUREAU V. S.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01919

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bruceville
LENGTH OF STAY (In this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bruceville Trappe (R.D.)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Donna Lee (Middle) Hummel (Last) (Hummer)

4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Oct. 17, 1949

9. AGE last birthday yrs. If under 1 year Months 3 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Easton, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Allie LeRoy Hummer

14. MOTHER'S MAIDEN NAME Ruth Ann Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT LeRoy Hummer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

754.4 Immediate cause (a) Congenital Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1572 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1949, to Feb 1, 1950, that I last saw the deceased alive on 1-31, 1950, and that death occurred at 4.9 m., from the causes and on the date stated above.

SIGNATURE Martin F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 2-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/2/50

NAME OF CEMETERY OR CREMATORY Upper Bambury

LOCATION (City, town, or county) Trappe Md. (State)

DATE REC'D BY LOCAL REG. 2/2/50

REGISTRAR'S SIGNATURE N.H. Neeries

24. FUNERAL DIRECTOR Maurice E. Newnam & Son

ADDRESS Easton, Md.

2-0-0-17-9-19-2-40-X

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01920

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 16 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Koste

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 23, 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipbuilder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gus Koste

14. MOTHER'S MAIDEN NAME: Mary Nicholes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Miss Mary Koste

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 24 hr.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Feb 4, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 2/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 7-1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG.: 2/5/50 — REGISTRAR'S SIGNATURE: M. H. Reeves

24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton, Md.

7968

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01921

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) Hunt (Last) Mansfield
4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 16, 1891
9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Michaels, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph B. Hunt
14. MOTHER'S MAIDEN NAME Mary F. Burns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-28-1006
17. INFORMANT AND ADDRESS Josephine Harrison St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 12 yr.

171 Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Feb., 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 12 A.M., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS Easton Maryland DATE SIGNED 2/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 17th 1950
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels, Md. (State)
DATE REC'D BY LOCAL REG. Feb. 17/50
REGISTRAR'S SIGNATURE Mrs Robt. R. Seck
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels, Md.

260

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01922

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 0.0.0.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert; (Middle); (Last) Miles

4. DATE OF DEATH: (Month) Feb.; (Day) 10; (Year) 1950

5. SEX: M.

6. COLOR OR RACE: B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 7, 1934

9. AGE last birthday: 16 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Miles

14. MOTHER'S MAIDEN NAME: Eva Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Raymond Miles, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X — **Immediate cause** (a) Gunshot wound - chest - with perforation

166 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of the aorta

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 10 1950 6:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Homicide -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 10 Feb 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/14/50; NAME OF CEMETERY OR CREMATORY Dutton; LOCATION (City, town, or county) (State) Easton, Md R D 1

DATE REC'D BY LOCAL REG. 2/13/50; REGISTRAR'S SIGNATURE N. H. Nichols

24. FUNERAL DIRECTOR Leon M. Henry; ADDRESS Easton, Md.

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01923

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 3 yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart's Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton,
STREET ADDRESS (If rural, give location) 124 W. Washington St.

3. NAME OF DECEASED (Type or Print): (First) ALEXANDRIA (Middle) WEEDON (Last) MULLIKIN

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 30, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months 3, Days 27, If under 24 hrs.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexandria Weedon

14. MOTHER'S MAIDEN NAME: Elizabeth C. Weedon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edmund W. Mullikin (Irvington Va.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Coronary Thrombosis | 1 day |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Arteriosclerosis | years |
| 94a (c) | Hypertension | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: No | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Feb 27, 1950, that I last saw the deceased alive on Feb 27, 1950, and that death occurred at 3.45 P. m., from the causes and on the date stated above.

SIGNATURE W. W. C. Stevens | (Degree or Title) M.D. | ADDRESS Easton Md | DATE SIGNED 2-28-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF March 2, 1950 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton | (State) Md.

DATE REC'D BY LOCAL REG. 3/1/50 | REGISTRAR'S SIGNATURE W. W. Stevens

24. FUNERAL DIRECTOR Ellis Clark | ADDRESS Easton, Md.

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01924

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford | LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) META (Middle) K (Last) SEMONE

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: JAN. 9, 1878 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months 1, Days 14 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carson C. Segelken

14. MOTHER'S MAIDEN NAME: Meta Heindricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. John L. Semone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) myocardial Infarction | 3 weeks |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Coronary Disease | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 19 50 to 2-23-, 19 50, that I last saw the deceased alive on 2/22/, 19 50 and that death occurred at 9:30 a. m., from the causes and on the date stated above.

SIGNATURE: B Cox | (Degree or title): M.D. | ADDRESS: Easton Md | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/25/50 | NAME OF CEMETERY OR CREMATORY: Oxford | LOCATION (City, town, or county): Oxford, | (State): Md.

DATE REC'D BY LOCAL REG. 2/24/50 | REGISTRAR'S SIGNATURE: H.A. Nevius | 24. FUNERAL DIRECTOR: Maurice E. Newnam & Son | ADDRESS: Easton, Md.

VS. A15

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1/30 — 11925 — Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederickburg Md.
STREET ADDRESS (If rural, give location): —

**3. NAME OF DECEASED** (Type or Print): (First) Pearl (Middle) (Last) Smith

**4. DATE OF DEATH**: (Month) February (Day) 24 (Year) 1950

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| F | W | | Apr. 25, 1899 | 50 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | None | Maryland | U.S.A. |

**13. FATHER'S NAME**: Mr. Edward C. Wright

**14. MOTHER'S MAIDEN NAME**: Ella Anthony

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: Unknown

**17. INFORMANT**: Mr. Floyd C. Smith - husb. (SAME ADDRESS)

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Embolism | sudden |
| 443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Thrombophlebitis - left - leg - | 11 days |
| | (c) Hypertensive C-V disease | (?) |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Leyomatous uterus

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 7 Feb 50 | Pan-hysterectomy | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 1-30, 1950, to 2/24, 1950, that I last saw the deceased alive on 2/24, 1950, and that death occurred at 4-4 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Thurston Harris | M.D. | Easton Maryland | 1 Mar 50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 2/26/50 | Rosemary Cem. | Frederickburg, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2/25/50 | N.H. Reeves | J. Harvey Willeman | |

RECEIVED
MAR 8 1950
BUREAU V. A.

Evidence for change of age shown on:

FILM No. G 124 MAR 22 1950

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01926

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: TALBOT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
STREET ADDRESS (If rural, give location): 7 So. HANSON

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) SOURBER

4. DATE OF DEATH: (Month) FEB. (Day) 27 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: July 27-1861

9. AGE last birthday: 88 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN WEISBECKER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: PERCY CHAMBERS- 7 So. HANSON ST EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerosis, generalized — Interval between onset and death: ?

Antecedent cause(s)

450.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 2/27/50, that I last saw the deceased alive on 2/27/50, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: B Cop (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 3/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: March 1- 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): EASTON MD.

DATE REC'D BY LOCAL REG.: 2/28/50 — REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR — ADDRESS: NORMAN D. MARSHALL St. Michaels Md

RECEIVED
MAR 8 1950
PENTAGON V.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01927

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Md. — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) THOMAS, Sr.
4. DATE OF DEATH: (Month) February (Day) 1, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1864
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sherwood, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Thomas
14. MOTHER'S MAIDEN NAME: Ann Elizabeth Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. John W. Thomas, Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x Immediate cause (a) Cerebral Hemorrhage — 4 days

Antecedent cause(s) arteriosclerosis

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Feb 1, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE: Gwyn M Reese (Degree or title) Md. — ADDRESS: Tilghman Md — DATE SIGNED: Feb 2 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 3, 1950 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county) (State): St. Michaels, Maryland

DATE REC'D BY LOCAL REG.: Feb. 2-1950 — REGISTRAR'S SIGNATURE: G. Wesley Sewell — 24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md. — ADDRESS:

98899

RECEIVED
FEB 16 1950
BUREAU V. S.

1/8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01928

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. | LENGTH OF STAY (In this place) 32 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oxford COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Thomas Jr.

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1950

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Oct 27, 1948 | 9. AGE last birthday: 1 yr. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas | 14. MOTHER'S MAIDEN NAME: Ethel Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT: William Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

010X Immediate cause (a) Tuberculosis meningitis — 1 mo

14 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1950, to 2-9, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 12 31 a.m., from the causes and on the date stated above.

SIGNATURE W. F. Buell | (Degree or title) M.D. | ADDRESS Easton Md | DATE SIGNED 2-9-50.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 2/11/50 | NAME OF CEMETERY OR CREMATORY Oxford Neck | LOCATION (City, town, or county) Oxford, Talbot. (State) Md.

DATE REC'D BY LOCAL REG. 2/10/50 | REGISTRAR'S SIGNATURE N. L. Nevins | 24. FUNERAL DIRECTOR Leon W. Henry | ADDRESS Easton Md.

VS-A15

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

01929

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton RD #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) John Second ~~(First)~~ Harold (Middle) Todd (Last)

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) widowed
8. DATE OF BIRTH 2-8-50
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward D. Todd
14. MOTHER'S MAIDEN NAME Mary Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT James E. B. Todd Easton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immed.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Mutty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 2-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/11/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Md (State)
DATE REC'D BY LOCAL REG. 2/9/50
REGISTRAR'S SIGNATURE N. H. Nerius
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 16 1950
BUREAU V. S.

2/10

01930

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emull (Middle) (Last) Walls.
4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH July 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr James Walls
14. MOTHER'S MAIDEN NAME Etta Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs Sally Walls

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia. — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Albuminuric Retinitis.

131b (c) Chronic Glomerulo nephritis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1949, to 2-10, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Wimmodt, MD (Degree or title) ADDRESS Ridgely, Md. DATE SIGNED 2-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/14/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md

DATE REC'D BY LOCAL REG. 2/11/50
REGISTRAR'S SIGNATURE N. H. Nerrus
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md

XVX99

M

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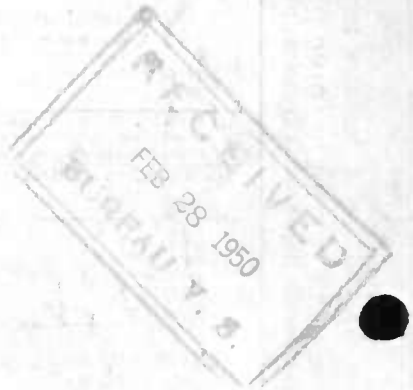
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 28 1950
BUREAU V. S.